

# CONTRACTS & AGREEMENTS ECM INDEX DATA

| SEATTLE KC PUBLIC HEALTH  |   |
|---|---|
| Vendor Name   | 6/30/2015   |
| Interlocal Amendment  | 10E   |
| SEATTLE KC PUBLIC HEALTH  | 7   |
| INTRLOC-001   |   |
| 7/1/2014  | מם  |
| 6/30/2015   | -   |
| 53830   |   |
| 51713   | 7   |
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| AMD#1 INTERLOCAL GRANT AGREEMENT FOR EVALUATION C<br>CARES PROGRAM PO 1410434-001 X-REF 51713 | <u>DF</u>   |
|   | Interlocal Amendment SEATTLE KC PUBLIC HEALTH INTRLOC-001 7/1/2014 6/30/2015 53830 51713  AMD#1 INTERLOCAL GRANT AGREEMENT FOR EVALUATION ( |

| Notes: |  |  |  |
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Jul 27, 2015 FSU: M JDE: M SI: MECM: M

1410434.001



Contractor Name & Address, City of Bellevue Fire Department

### CR# 53830 DATE 7-27-15 LOC 1410434-001

### <u>AMENDMENT</u>

PHSKC Agreement #EMS3586 Amendment #1

This Amendment between PHSKC and the Contractor changes the referenced Agreement for the following purpose(s): to add additional funds and extend the end date to continue performing the scope of work.

450 110th Ave NE, 3rd floor East Bellevue, WA 98009 Project Title Bellevue Fire Dept C.A.R.E.S. Effective Date of Amendment June 30, 2015 ☐ No Change Change to: October 31, 2015 Agreement End Date ☑ No Change Agreement Amount. Change to: Funding Details: No Change Revise the following funding details: No Change Funding Summary. Revise to read: FEDERAL. COUNTY: STATE: OTHER: **Exhibits** No Change Revise as follows Replace Exhibit B, Budget, which shifts funds amongst budget lines, as attached hereto. No Change King County Terms & Conditions. Revise as follows. All other terms and conditions of the referenced Agreement and any previous Agreement amendment not revised herein shall remain unchanged and in full force and effect. CONTRACTOR SIGNATURE DATE SIGNED PHSKC SIGNATURE

## Public Health—Seattle & King County King County Emergency Medical Services (KCEMS) Division

## EXHIBIT B - BUDGET Amendment 1 7/1/2014 to 8/31/2015 Bellevue Fire Department C.A.R.E.S.

| <u>item</u>   | Expense  | Specifics/Rationale   |
|---|----------|---|
| Research Lead (18.7 days)  Research Assistant (13.6 days) | \$14,960 | <ul> <li>Admin/dialog with C.A.R.E.S. director</li> <li>Prepare for evaluation advisory group meetings &amp; stakeholder presentations</li> <li>Monthly advisory meeting (in person and phone)</li> <li>Draft, revise, and finalize research documents (evaluation design/approach, survey, interviews, etc.)</li> <li>Support C.A.R.E.S. staff in data gathering efforts</li> <li>Debrief focus group process</li> <li>Analysis, draft, and finalize final report</li> <li>Prepare for advisory and presentation meetings</li> <li>Monthly advisory meetings (in person and phone)</li> <li>Draft, revise, and finalize research documents plus database development and enhancements</li> <li>Support C.A.R.E.S. staff in data gathering efforts</li> <li>Field test focus group</li> <li>Analysis, draft, and finalize final report</li> </ul> |
| Software Engineer   | \$4,400  | - Develop data management system  |
| Mileage/toll  | \$225    | - Meetings, assisting C.A.R.E.S. staff  |
| Food  | \$1,000  | - Focus groups at fire stations for input on program  |
| Vehicle   | \$600    | - Vehicle maintenance   |
| Tablets   | \$2,600  | - Samsung ATIV Tab 7 11.6 inch detachable 2 in 1 touchscreen laptop   |
| Uniforms  | \$2,000  | - Shirts and coats for 10 students  |
| Marketing/Education Materials                             | \$500    | - Printing brochures and posters  |
| Professional Development                                  | \$600    | - Conferences, workshops  |
| Total Budget  | \$28,845 |   |

| CR #: <u>53830</u> | Date: 7-27-15 | Loc: P | 00 #: 1410434.00 | ){ |
|--------------------|---------------|--------|------------------|----|
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Department Director: **Procurement Services:** 

| 425-452-787  | 6  |   |  |  |
|--|--|---|--|--|
| MING   | Grant Agreem   | ent Routing Form  |  |  |
| Current Agreement Information Agreement Title: 2014 Community Services Contract CARES Program Agreement Description: Agreement with Seattle King County Public Health to develop, test and finalise evaluation for CARES program Agreement Form: Vendor Agreement Document |  | Agreement Type: Grant Document Type: Other Agreement Manager: BC Adolfson Agreement Amount: \$0.00 Total Aggregate Value: NaN |  |  |
| Project Information: Project Name: Evaluation of Department: Fire  | f CARES Program  | Project Manager: Natasha Grossman  Are matching funds required on this project? No  |  |  |
| Granting Organization Funding Agency: Seattle Kir Administrative Agency: Belle Administrative Agency JDE V Funding Program Name: Bel Agreement Terms: Original Effective Date: 07/0  | ng County Public Health evue Fire Department lendor #: levue Fire Department CAR | ES  End Date: 06/30/2015 (actual date)  |  |  |
| Related Agreement In Is this a renewal/amendment Amendment #: 1 Amendment Effective Date: Original PO #:   | oformation:<br>ot? Yes   | Original Agreement Amount: \$28,845.00 Total Value of Previous Amendments: n/a  |  |  |
| Council Approval:<br>Council Award Date:   | Ordinance #: 4968  | Resolution #:   |  |  |
| Route:  Procurement Services: Accounting: Information Technology: Legal: Insurance Reviewed By:  | ACauloy—  Not Required   | 7/27/15 7/27/15   |  |  |
| Department Director:   | world long   | <b></b>   |  |  |

Return To: Nuri Thobani Processment entered in Excuted by Dept. prior torouting. JDE only. 7/27/15 **Document Management Information:** 

CIP Plan #:

JDE Project Number: Explanation:

**Budget Fund:** 

**Funding Source:** 

**Budget Information:** 

There is no budget requirement for this agreement.

Year

Description

**JDE Account Number** 

**Amount** 

#### **Additional Comments:**

This is an extension of expiration date to August 31, 2015. No other changes.